tively short period of time. Given the manner in which patients were selected, however (assessment in a liver clinic at a specialized center), there is an inherent bias toward those with severe disease. In both studies, the proportion of patients with HCV infection in whom clinically important disease will develop could not be determined because the denominator—that is, all patients with HCV infection—was not included. This bias was avoided in a population-based study in which study patients were selected if they had an elevated serum alanine aminotransferase (ALT) level after blood transfusion and control patients were those who were transfused but in whom the serum ALT level remained normal. All-cause mortality after 18 years of follow-up was the same in both groups (about 50%), but the liver-related mortality was substantially greater in those with posttransfusion hepatitis (3.3% in the study group and 1.1% and 2.0% in the control groups). What is striking from that study is that the liver-related mortality in patients with HCV infection observed for nearly two decades is low.[8] Both this study and the first study from Tong and co-workers, however, examined the natural history of infection in patients following blood transfusion (which represents the minority of patients with HCV infection in the United States), and both studies included an older group (about 50 years of age). Thus, the extrapolation of these findings to a young group of injection-drug users may be limited.

How do we reconcile these studies? Although HCV infection causes persistent infection in almost all of those who acquire this virus, and liver disease in many, the duration of infection required to produce severe liver disease is measured in decades. Moreover, with 20 years of follow-up, life-threatening liver-related complications develop in the minority. Whether severe disease will be observed in a greater proportion with more prolonged follow-up of those infected remains to be determined. Because most injection-drug users acquire HCV infection at a young age and few have comorbid medical conditions, persistent HCV infection is a particular threat to this group. The influence of other factors such as viral genotype should also be included in any study of the natural history.[9] In the United States, injection-drug users are the largest reservoir of HCV infection, and, hence, knowledge of the natural history of infection in this group is critical to our understanding of the implications of infection with this common virus. Only when we understand the natural history of the disease, factors that influence the natural history, and those that determine disease progression will we be able to treat these patients with antiviral therapy in a cost-effective manner.

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To Lloyd Hollingsworth Smith Jr, MD: Hail and Farewell

HIS LEGION OF students, residents, fellows, colleagues, tennis partners, friends, and family could tell a thousand Holly Smith stories. All are true, pointed, funny, and fit for open-minded mixed company.

"Organizations need to avoid chewing more than they bite off."

"He has mural dyslexia: he can't read the handwriting on the wall."

"Don't worry if you have to give an after-cocktails or after-dinner talk. A third of the audience is just falling asleep, a third is just waking up, and a third is engaging in private fantasies they wouldn't discuss with anyone."

One speaker who was scheduled after Holly lamented, "They say in the circus, 'Never follow the animal act.' It's worse to follow Holly Smith."

The man is far more than his bon mots, of course. Certainly, his service as Chair of the Department of Medicine at the University of California, San Francisco (UCSF), was the rocket boost that lifted the university to the top of world-class academic medical centers. He was able to accomplish that feat through his instinct for choosing strong leaders, for building, and for problem-solving. He is an achiever, not a nay-sayer; a poker-faced persuader who is his own best ace in the hole.

For the past 28 years, Holly Smith has been the Associate Editor of THE WESTERN JOURNAL OF MEDICINE (*WJM*). He has done this unheralded work especially on the scientific side, recruiting authors, selecting reviewers, making recommendations, and assembling each issue based on his own knowledge of the *Journal*'s inventory of papers and his flawless sense of a readable mix. He did it because it was part of his grand scheme to strengthen medicine in the West—and around the world. He considered his service to be a great privilege, but feels it is time to relinquish the responsibility. I think he prefers to pass on this baton, along with other batons, so he can sprint ahead, leading us to new heights.

Holly's departure will leave more ripples than voids. He leaves vivid memories and ripe plans. He has been a

delightful sparring partner. It must be said that he was not right every time. He could not imagine that the *Journal* might receive a foundation grant to help publish and disseminate a second special issue on cross-cultural medicine—and asserted that he would get down on his knees and kiss my ring if we did. To make it more comfortable for him when the grant came through, I stitched a pair of knee pads.

Holly, your intelligence, energy, and wisdom have placed you like Atlas, holding up the *WJM* world—and several others as well. You have strengthened us, just as you have strengthened your beloved UCSF, the Howard Hughes Medical Institute, the American Board of Internal Medicine, the Association of Professors of Medicine, the Western Society for Clinical Research, the American Society for Clinical Investigation, the Association of American Physicians, the Institute of Medicine, and on and on. Well done. Thanks. Godspeed.

LINDA HAWES CLEVER, MD
Editor